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Date

The XXX County Health Department Immunization Program is requesting XXX doses of Tdap vaccine. The vaccine would be administered to clients in the Prenatal Program (*or other programs*) sites as well as any individuals who have or anticipate having close contact with an infant aged <12 months. The administration of the additional vaccine to close contacts describes “cocooning” further protecting the infant.

This request is in line with Tdap vaccine recommendations from the October 24, 2012 Advisory Committee on Immunization Practices (ACIP) and the American College of Obstetricians and Gynecologists to minimize the significant burden of pertussis disease in vulnerable newborns.

Tdap vaccine would be focused on the optimal administration period of 27 - 36 weeks gestation although Tdap may be given at any time during pregnancy.

Thank you,

Name
Title